EXECUTIVE SUMMARY

Background

This report provides for the first time comparable global information on the availability of a range of resources required for the prevention and treatment of substance use disorders by drawing together information from 147 countries that represent 88% of the world population.

A questionnaire was developed to measure a wide range of different resources that benefit the prevention and treatment of substance use disorders at country level, including:

- *administrative and financial resources* such as the presence of government units, funding and ways of financing treatment and prevention services in countries;
- *health service resources* such as the availability and coverage of different treatment services, the presence of pharmacological treatment, the number of beds and the length of stay for treatment;
- *human resources* such as the involvement of health professionals for the treatment of substance use disorders, and the presence of other institutionalized and non-institutionalized groups providing care for persons with substance use disorders;
- *policy and legislative resources* such as the presence of different policies and legislative provisions for prevention and treatment of substance use disorders;
- *resources for prevention* of substance use disorders, such as availability and coverage of different prevention services, implementation of screening and brief interventions in primary care, and presence of harm reduction programmes;
- *information resources* such as knowledge of epidemiological aspects of substance use in the country, and knowledge of treatment service delivery.

Key findings

Chapter 1. Psychoactive substance use: epidemiology and burden of disease

- *Point prevalence of alcohol and drug use disorders*

Globally, the prevalence of alcohol use disorders is significantly higher than the prevalence of drug use disorders. Generally, alcohol and drug use disorders are more common among males than among females.

- *Psychoactive substance accountable for treatment demand*

From the majority of countries in every WHO region[1] but one, alcohol was reported to be the main psychoactive substance responsible for demand for treatment. In the Region of the Americas, treatment demand was chiefly due to cocaine.

- *Number of deaths and disability-adjusted life years lost due to psychoactive substance use*

Globally, some 39 deaths per 100 000 population are attributable to alcohol and illicit drug use, out of which 35 deaths are attributable to alcohol use and four are attributable to illicit drug use. The use of alcohol and illicit drugs accounts globally for almost 13 disability-adjusted life years (DALYs) lost per 1000 population. Approximately 11 DALYs per 1000 population are lost due to alcohol use, and approximately two DALYs are lost due to illicit drug use.

Chapter 2. Health services

- *Government administration and budget for treatment services*

The presence of a government unit or a government official responsible for treatment services for substance use disorders was reported by 66.2% of countries. Fewer than half of the countries in the survey reported having a specific budget line allocated to the treatment of substance use disorders.

- *Financing of treatment services*

Countries identified tax-based funding, out-of-pocket payments and social health insurance to be among the foremost methods of funding treatment for alcohol and drug use disorders. Africa appears to be the only region in which out-of-pocket payments were reported to be the main funding method for alcohol and drug use disorder treatment services.

- *Treatment setting for alcohol and drug use disorders*

Nominated focal points in countries reported a variety of treatment settings for persons with alcohol and drug use disorders. In the majority of responding countries (39.8%), mental health services are the most common treatment setting for alcohol use disorders. A higher proportion of countries reported specialized treatment services as the main setting for the treatment of drug use disorders (51.5%) compared with treatment of alcohol use disorders (34.6%).

- *Treatment services and coverage of alcohol and drug use disorder treatment*

Among different treatment services, inpatient detoxification for alcohol and drug use disorders appears to be the most frequently present in countries; it was reported to be

1 For the list of countries in WHO regions see page 135.

present in over 90% of countries responding to the survey. However, coverage of the population in need with alcohol and drug use disorder treatment services seems to be low. For example, in low-income countries the majority of persons with alcohol and drug use disorders are not covered by the respective treatment services.

- *Number of beds and length of stay*

Among the responding countries, the median number of beds for alcohol and drug use disorders was 1.7 per 100 000 population (range of 0–52 beds per 100 000 population). The median length of stay for alcohol and drug detoxification was 10.3 days and 14.0 days respectively.

- *Care for special populations*

Substance use disorder treatment services for prisoners were reported from 55.9% of surveyed countries, followed by substance use disorder treatment services for young people (47.6%) and for injecting drug users (40.0%). Specialized substance use disorder treatment services for pregnant women and commercial sex workers were reported to be present in 31.0% and 25.5% of countries respectively. Approximately 11.0% of countries reported having substance use disorder treatment services for indigenous populations.

Specialized treatment services for persons with drug use disorders and HIV/AIDS were reported in 43.2% of countries. Around a quarter of countries (24.6%) reported having treatment services for people with both drug use disorders and tuberculosis.

Chapter 3. Pharmacological treatment

- *Policy framework and guidelines for the pharmacological treatment of substance use disorders*

Policy documents on the pharmacological treatment of substance use disorders were reported by 40.2% of countries, with Europe reporting the highest proportion of countries with policy documents on the pharmacological treatment of substance use disorders. Guidelines on the pharmacological treatment of substance use disorders were reported by approximately half of the surveyed countries (51.8%).

- *Availability of therapeutic drugs for alcohol and drug use disorders*

With regard to the pharmacological treatment of alcohol withdrawal, benzodiazepines were reported to be used for the management of alcohol withdrawal in 90.9% of countries.

For the treatment of opioid dependence, availability of methadone was reported by 41.6% of surveyed countries, buprenorphine by 27.7%, and buprenorphine/naloxone by 20.8% of countries. The highest proportion of countries reporting availability of methadone (88.6%), buprenorphine (59.1%) and buprenorphine/naloxone (50.0%) was in Europe.

- *Administration of opioid agonist pharmacotherapy*

Length of treatment with opioid agonist pharmacotherapy was reported to be open-ended in the majority of countries, with 74.1% of countries reporting no time limit for opioid agonist pharmacotherapy. Over 55% of countries in the survey reported using methadone syrup/solution for the treatment of opioid dependence. Approximately 60% of countries in the survey reported commencing opioid agonist pharmacotherapy on an outpatient basis.

- *Supervision and prescription requirements for opioid agonist pharmacotherapy*

Supervision of methadone for the treatment of opioid dependence was required by 85.4% of countries in the survey. In 60.6% of countries buprenorphine supervision was required, while 71.4% of countries required buprenorphine/naloxone supervision.

More than 20% of countries in which methadone is used reported that doctors without special training are allowed to prescribe methadone. In approximately 10% of countries surveyed, it was reported that non-doctors are given the authority to prescribe opioid agonists.

Chapter 4. Human resources

- *Health professionals*

A variety of health professionals seem to be responsible for the management of alcohol and drug use disorders in different countries. The majority of countries reported psychiatrists, general practitioners and addictologists/narcologists to be the health professionals chiefly involved in the treatment of alcohol and drug use disorders.

- *Standards of care and supervision for health professionals*

Approximately half of the countries in the survey (47.6%) reported having national standards of care for health professionals working with persons with substance use disorders. The lowest proportions of countries with standards of care were reported in the regions of South-East Asia (20.0%), Africa (20.9%) and the Eastern Mediterranean (28.6%).

The clinical supervision of nurses was reported in 57.1% of countries in the survey, followed by clinical supervision of doctors (52.5% of countries), social workers (44.4% of countries) and psychologists (43.5% of countries). Across the regions, Eastern Mediterranean and Europe reported having the highest proportions of countries with clinical supervision of health professionals.

- *Nongovernmental organizations and self-help groups for substance use disorders*

A high proportion of countries have nongovernmental organizations (NGOs) that focus on alcohol and drug prevention, with 74.8% and 81.6% of countries reporting to have them for alcohol prevention and drug use prevention, respectively. Approximately 70% of

surveyed countries reported the presence of NGOs focusing on rehabilitation of alcohol and drug use disorders. NGOs involved in treatment of alcohol disorders and drug use disorders were reported from 54.5% and 59.9% of countries respectively.

Alcoholics Anonymous was reported to be active in the majority of countries (71.1%). Narcotics Anonymous was reported to be active in approximately half of the countries in the survey (56.7%), and Cocaine Anonymous in 11.5% of countries.

"Ex-addicts" or "recovering addicts" were reported to provide formal care for persons with substance use disorders in 59.9% of countries in the survey, and this situation appears to be most common in high-income countries. The highest proportion of traditional healers providing care for persons with substance use disorders was reported from low-income countries (44.7%). Religious groups or NGOs based on religious groups providing formal care for substance use disorders are reported most commonly among countries in the higher middle-income group (79.3%).

Chapter 5. Policy and legislation

- *Policy frameworks and special legislative provisions*

The majority of countries in the survey (68.0%) reported having a national substance abuse policy, with 100% of high-income countries reporting that they have one. The highest proportion of countries in the survey reporting substance abuse policies was in the European Region (93.2%). The African Region (32.6%) reported the lowest proportion of countries with substance abuse policies.

Special legislation for the compulsory treatment of substance use disorders was reported from 42.5% of countries in the survey. Of these countries, 30% reported having special legislation for the compulsory treatment of both alcohol and drug use disorders together.

Government benefits for persons with alcohol and drug use disorders were reported from 40.6% of countries in the survey. The Western Pacific (78.6% for alcohol, 73.3% for drugs) and Europe (69.0% for alcohol, 70.5% for drugs) reported having the highest proportions of countries providing government benefits for persons with alcohol and drug use disorders.

- *The criminal justice system and substance use disorders*

The presence of drug courts was reported in 20.5% of countries. The highest proportion of countries with drug courts was in the Eastern Mediterranean Region (38.5%). Africa (14.0%) and the Americas (14.3%) had the lowest proportions of countries with drug courts.

Half of the countries in the survey (52.2%) reported having programmes referring or diverting clients from the criminal justice system towards treatment. The highest proportions of countries in the survey with programmes referring or diverting clients from the criminal justice system towards treatment were reported by Europe (66.6%), the Western Pacific (66.6%), the Eastern Mediterranean (61.6%) and South-East Asia (60.0%).

Chapter 6. Prevention

- *Administration and budget*

In 72.4% of countries in the survey, one or more government units responsible for the prevention of substance use disorders were reported. Half of the countries in the survey (50.0%) reported having a budget line in the annual budget for the prevention of substance use disorders. The lowest proportion of countries reporting budget lines was in Africa (30.2%).

- *Availability and coverage of prevention services*

School-based programmes, community-based programmes, and workplace programmes for the prevention of substance use disorders were reported by 77.9%, 68.5% and 58.6% of countries respectively. However, coverage of the population in need with school-based programmes, community-based programmes, and workplace programmes for the prevention of substance use disorders appears to be low. For example, over 50% of the countries indicated that the coverage of school-based programmes for the prevention of substance use disorders would be provided for less than half of the population in need.

- *Prevention services in special populations and harm reduction*

The most commonly reported prevention programmes were those for children and families at risk (45.2% of countries), followed by prevention programmes for prisoners (43.2%), for people living with HIV/AIDS (41.1%), for pregnant women (32.2%), for commercial sex workers (29.5%) and for minority groups (17.8%).

The presence of needle/syringe exchange programmes differs within countries. In 41.1% of countries, community-based needle/syringe exchange programmes were reported. Some 6.6% of countries reported having syringe exchange programmes in prisons.

- *Screening and brief intervention programmes*

Screening and brief interventions implemented in primary health care for hazardous and harmful alcohol use and for drug use were reported by 47.9% and 46.2% of countries respectively. The Americas and the Western Pacific reported the highest proportions of countries with screening and brief interventions for harmful alcohol use (76.2% and 69.2% respectively) and drug use (65.0% and 71.4% respectively).

- *Groups and agencies involved in prevention of substance use disorders*

Different groups and agencies appear to be involved in the prevention of substance use disorders in countries. In 78.1% of countries, schools are involved in the prevention of substance use disorders, followed by community groups (49.3%) and employers (29.5%). The involvement of law enforcement agencies in the prevention of substance use disorders was reported by 68.5% of countries. Involvement of international organizations in the prevention of substance use disorders was reported by 56.8% of countries, followed by the involvement of labour organizations (19.2%).